

## 2022 Back to School Softball Registration Form

2022	Fees	For Official
		Use Only
Ages 3-6 (Pre-1st)	\$45.00	
Age 7-18 (2 <sup>nd</sup> -HS)	\$85.00	
Ages 3-6 (Pre-1st)	\$350.00	
Team Rate		
Ages 7-18 (2 <sup>nd</sup> -HS)	\$750.00	
Team Rate		

Player Last Name:		Player First	er First Name: Birthdate:				January 1, 2022			
Street Address:			City:				State	2:	Zip Code:	
Home Phone:		Cell Phone:				Emergency Phone:				
Parent/Guardian Names:			Primary Email:							
Parent/Guardian Names:	Ç	Secondary Email:								
Shirt Size: ☐ YS ☐ YM		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			AL 🗆 A	AXL 🗆 (	Other			
Select Division for 2022	Was the player a <b>Reg</b> the 2022 summer sea Did the player receive instructions during o summer season?						Was the player a <b>Regular Catcher</b> for the 2022 summer season? $\square$ <b>Yes</b> $\square$ <b>No</b>			
Ages 3-4 K-1st Grades $2^{nd}$ -3 <sup>rd</sup> Grades $\frac{1}{2}$				after t	he 2022	instr	Did the player receive catching instructions during or after the 2022 summer season?   Yes  No			
Current Grade entering (August-September 2022):  Current School: Played for the Parks & Reculture League in 20				eation	Softball				on and team?	
Please consider being a team manager or coach. We also have opening for our advisory board and coordinator positions in each division. Please fill out a separate form.  Name of Potential Manager or Coach:  Managers and Coaches  Parent wishes to:  Manage a Team  Assistant coach for a team  120 6th-7th 140 8th-9th 180 High School										
Interested in Sponsorship	ASK FO	R SPONSO	RSHIP FORM	<b>V</b> I	For Off	icial Use C	Only			
Sponsor's name					Subtotal					
Phone Number					Amount Paid					
Name of Sponsor Company				Balance Due						
Age Division of sponsorship		No also Dass	alala kas		Receipt Number					
Mail Registration form to:  Crown Point Parks & Recreation  Crown Point Park		•								
Attention: John Stroia	Crown	Crown Point Parks and Recre			Cash					
183 South, West Street	Contact John Stroia at: (219) 66			-2272		Credit Card				
Crown Point, IN 46307	jstroia@crownpoint.in.gov				RECEIVED BY:					

## **Waivers and Important Information**

Initials	The UNDERSIGNED does hereby acknowledge that their participation in said entertainment, activity and/or meeting, program is strictly voluntary action on their part; that in the case that said program may pose a threat to their personal health; and that the undersigned will hold the City of Crown Point harmless from any and all claims; or whatsoever type in nature, arising from any injuries or other harm suffered from participation in said program. The undersigned further releases and indemnifies the City of Crown Point from any and all claims from participation in said program and further represents that said release from liability shall also bind their heirs, survivors, beneficiaries, and representatives.
	The UNDERSIGNED also acknowledges that the City of Crown Point will use its Nixle Mass Notification system to notify participants of important League and schedule information. Methods of transmittal include text messaging, email and phone calls. The City is not responsible for any charges incurred by the transmittal of this data. In the event that the registrant wishes to opt out of the notification process, you may do so by contacting 219-663-0788.
Initials	Photo Policy: On occasion Crown Point Parks and Recreation staff and local media may take photographs and/or video of activities at the Sportsplex. Please be aware they may be used for future publications or media.
II	NITIALS Novel/Corona/Covid-19—Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.
Initials	Refund Policy: No refunds after August 20, 2022.
_	I have read and understand the terms listed above.

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)